Please type a plus sign (+) inside this box ➝ ☐

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/664,473
Filing Date	9/18/00
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	14170 - 043002

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Mandatory withdrawal due to my employment by the United States Patent and Trademark Office beginning April 1, 2007.

1. ☑ The correspondence address is NOT affected by this withdrawal.

2. ☐ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [ ] ➝ Place Customer Number Bar Code Label here

OR

☐ Firm or Individual Name	
Address	
Address	
City	State	ZIP
Country	
Telephone	Fax

This request is enclosed in triplicate.

Name	Scott R. Boalick
Signature	
Date	March 30, 2007

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
period for response or possible extension period, the request to withdraw is normally disapproved.